**Sort it & Hidden Harm! Enfield Young People’s - Referral Form**

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| ***Please email or post referrals to Compass:*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Enfield Sort it Young People’s Substance Misuse Service: 29 Folkestone Road, Edmonton N18 2ER  Telephone: 020 8360-9102  Secure Email: [compass.enfieldsortit@nhs.net](mailto:compass.enfieldsortit@nhs.net)/ [enfield.sortit@compassuk.cjsm.net](mailto:enfield.sortit@compassuk.cjsm.net) /[Sortitusers@compass-uk.org](mailto:Sortitusers@compass-uk.org) (Egress) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PRIVACY NOTICE STATEMENT Please note by completing this referral, Compass will require the following:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Yes √** | |
| **Young Person** | | | By consenting to this referral form being completed you will be consenting for Compass to hold your information on our database and for Compass to contact you to discuss your referral. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| **The Referrer** | | | This referral has been discussed and agreed with the young person | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| Are you making this referral without the young person’s consent under Working Together legislation? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Please indicate  Yes  No | |
| If Yes to the above question, please provide a brief outline for safeguarding referral? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| Have you obtained the consent from the parent/carer to make this referral? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | |
| You have explained that any information held on this form will be stored by Compass on a secure database. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| **Signed by Referrer**  *(****electronic signature is acceptable)*** | | |  | | | | | | | | | | | | | **Signed by Young Person/parent or carer** *(Please make every effort to seek the young persons signature)* | | | | | | | |  | | | | | | | | | | | | | | |
| **Contact Details of Young Person:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name of Young Person:** | | | |  | | | | | | | | | | | | | | | | | | **Date referral made:** | | | | | | |  | | | | | | | | | |
| **Address** |  |  | | | | | | | | | | | | | | | | | | | | **Postcode** | | | | | | |  | | | | | | | | | |
| **YP Mobile number:** | | | |  | | | | | | | | **Home tel. no.** | | | | |  | | | | | **Is Accommodation Stable?** | | | | | | | **Yes** | | | | | | | **No** | | |
| **Date of Birth:** | | | |  | | | | | **Ethnicity** | | | | |  | | | | | | | | | | | | | | | **Age** | | | |  | | | | | |
| **Any SEN/Disability:** | | | | Yes  No  If Yes please give brief description: | | | | | | | | | | | | | | | | | | | | | | | | | | **Religion** | | | | |  | | | |
| **Is young person in Local Authority Care?** | | | | | | | | Yes  No | | | | | **Young Person’s Email:** | | | | | | |  | | | | | | | | | | | | | | | | | | |
| **Is young person known to social care?** | | | | | | | | Yes No | | | | | **Early Help** | | | | |  | | | | **CIN** |  | | | | | | **CP** | | | |  | | | | | |
| **How would the young person like to be contacted by Compass?** | | | | | | Post to home address | | | | | | |  | | Call to home telephone | | | | | | |  | Call to YP mobile | | | | | | | | |  |  | | | | | |
| School/agency appointment | | | | | | |  | | Other: please specify | | | | | | | |  | | | | | | | | | | | | | | | |
| **Is the young person happy for a telephone message**  **to be left for them?** | | | | | | | | | | | | | Their Mobile | | | | | | | | | Yes  No | | | | | | Parent/Guardian: | | | | | Yes  No | | | | | |
| Home telephone | | | | | | | | | Yes  No | | | | | |  | | | | | | | | | | |
| **Is the Young Person’s parent/guardian aware of the referral?** | | | | | | | Yes | | |  | | | **How does the Young Person describe themselves?** | | | | | | | Female | | | | | | Male | | | | | | | | Non-binary | | | | |
| No | | |  | | | Transgender | | | | | | Intersex | | | | | | | | Other/Prefer Not to Say | | | | |
| **Contact Details of Referrer** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | | | | | | | | | | | | | | Relationship to young person: | | | | | | | | | | | | | | | | | | | | | | | | |
| Organisation: | | | | | | | | | | | | | | Mobile no: | | | | | | | | | | | Landline: | | | | | | | | | | | | | |
| Address: | | | | | | | | | | | | | | | | | | | | | Email: | | | | | | | | | | | | | | | | | |
| **Reason for the Referral of the young person: tick reason that best suits this referral (please complete in detail overleaf)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **At risk of Substance Misuse** | | | |  | **Experimenting with substances** | | | | | |  | | **Misusing substance** | | | | | |  | | | **Hidden Harm** | | | | |  | | | | **Other (Please State)** | | | | | | |  |
| **What substances are involved (Detail what you know so far):** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| **Are any other agencies currently involved in supporting the young person** | | | |
| Agency |  | Professional contact name/details |  |
| Agency |  | Professional contacts name/details |  |
| **Is there any other behaviours which puts the young person or other people at increased risk they we need to be aware of?** | | | |
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